

PATENT  
Attorney Docket No. P06215US01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent application of: SCHUTTE, Brian C., et al.

For: IRF6 POLYMORPHISMS ASSOCIATED WITH CLEFT LIP AND/OR PALATE

the specification of which is being transmitted herewith.

**INFORMATION DISCLOSURE STATEMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Attached are Forms PTO/SB/08B (formerly Form PTO-1449) listing the relevant art known to the applicant herein. Copies of the references are enclosed. The Examiner is requested to consider the references and make them of record.

Applicants disclose herewith patents, publications or other information, of which they are aware that they believe may be material to the examination of this application, and in respect of which, there may be a duty to disclose. Legible copies of all items listed in Forms PTO/SB/08B (formerly Form PTO-1449) accompany this information statement, except those identified above.

The filing of this information disclosure statement shall not be construed as a representation that a search has been made (37 C.F.R. § 1.97(g)), an admission that the

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information cited is, or is considered to be, material to patentability, or that no other material information exists.

The filing of this information disclosure statement shall not be construed as an admission against interest in any manner. (Notice of January 9, 1992, 1135 O.G. 13-25, at 25.)

Respectfully submitted,



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Substitute for form 1449B/PTO				<i>Complete if Known</i>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(Use as many sheets as necessary)</i>				Application Number Filing Date May 6, 2004 First Named Inventor SCHUTTE, Brian C., et al. Group Art Unit Examiner Name	
Sheet	1	of	1	Attorney Docket Number P06215US01	

#### **OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS**

Examiner Signature		Date Considered	
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\* EXAMINER: Initial if reference considered whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

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